

2012.11.160 Notes:

Developing Criteria for U.R.

Measure of Quality  
Treatment Fidelity  
Treatment Compliance

Look at the science related to ABA; the gold standard research is single subject design research.

CONTRAINDICATIONS – difficult to define

Frame in terms of responding to treatment

What conditions would generally not benefit from ABA?

- A client with intractable seizures
- Comatose
- Transient home environment
- Client has another co-morbidity that prevents the ability of client to benefit (at that time); R/O comorbidities
- Continuum of care considerations

OTHER ISSUES

- No parent participation; parent doesn't work
- Care cannot be delivered; Chaotic home environment – home situation does not support
- Dangerous home situation
- 

Have diagnosis, but do not meet other criteria?

Intensity is dependent on needs

Consider framing in terms of “least restrictive environment” – too much therapy

DSM IV criteria is the criteria which establishes medical necessity.

COE

Medical

Psychological

Speech eval

What if the parent doesn't want ABA?

What about the age of consent after age 13? Can opt out of medical treatment

#### PRIOR AUTHORIZATION CONSIDERATIONS

What other services is the client receiving? Does ABA really need to be provided in addition?

What is the level of services that is needed?

What is the client's experience with ABA?

No coexisting health conditions:

- Are there co-morbidities that need to be diagnosed and treated before providing ABA?
- Have medical issues been addressed?
- What is the underlying physical problem that is contributing to behavior; e.g., bad tooth
- When was the last medical exam?

Does the client have ability to learn?

Is there a criteria for learning readiness – how would we define?

- Challenge, look across all developmental milestones – attend, learn – VB Map
- 

What has been tried and failed?

If the client had a course of treatment:

How much did they get?

Was it was an adequate trial?

Was it an issue with the quality of the procedures?

How long ago did the client get therapy?

What about a different provider?

What other treatments has the client received; chelation therapy; Hyperbaric Oxygen

AGE CRITERIA – need to be built into the birth to three program; less than age 2

Under age 2 – there are only a few providers who are skilled in this early diagnosis;

What are the goals?

- New crisis – regardless of age
- Needs new skill set – regardless of age

# of hours for Prior Authorization

With consideration for other services are being rendered in other settings

Hours of time/criteria	5	10	15	20	25
age	Not specific				
Severity /impaired	High severity – this is not enough time				
Client functional level	High function ing client may only need a little				
# of areas affected					
# goals\ #target behaviors - Domains within each goal	Might be monitoring and supporting existing treatment; working with client and family; executive functioning, sleep; community				

	integration; might be family training; might be follow-up				
--	---	--	--	--	--

Initial PA

Domains/goals

	Severity			Level of Support Needs			
	High	Medium	Low	Goals 1-2	Goals 3-4	Goals 5-6	Goals >6
Adaptive*							
Behavior*							
Cognitive/Executive functioning							
Communication/Language*							
Motor							
Play/Social*							
Vocational							

\*=Most important

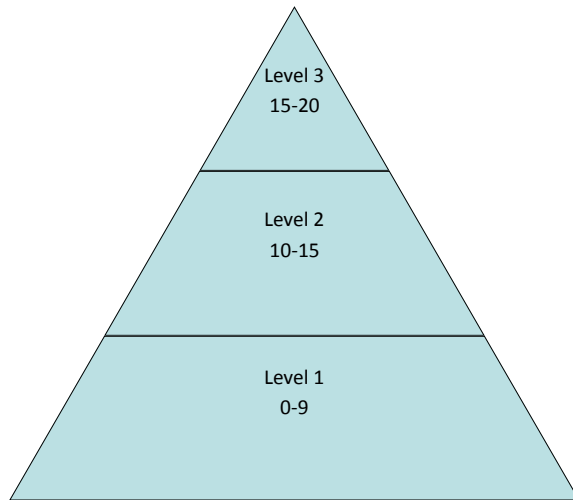
## Severity Levels for ASD

Read more: <http://www.autismsupportnetwork.com/news/proposed-dsm-5-changes-regard-asd-3478294#ixzz2CQL18ime>

Severity Level for ASD	Social Communication	Restricted Interests & repetitive behaviors	Add - Table from Intellectual Disability
<b>Level 3</b>  'Requiring very substantial support'	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning; very limited initiation of social interactions and minimal response to social overtures from others.	Preoccupations, fixated rituals and/or repetitive behaviors markedly interfere with functioning in all spheres. Marked distress when rituals or routines are interrupted; very difficult to redirect from fixated interest or returns to it quickly.	
<b>Level 2</b>  'Requiring substantial support'	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions and reduced or abnormal response to social overtures from others.	RRBs and/or preoccupations or fixated interests appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress or frustration is apparent when RRB's are interrupted; difficult to redirect from fixated interest.	
<b>Level 1</b>  'Requiring support'	Without supports in place, deficits in social communication cause noticeable impairments. Has difficulty initiating social interactions and demonstrates clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions.	Rituals and repetitive behaviors (RRB's) cause significant interference with functioning in one or more contexts. Resists attempts by others to interrupt RRB's or to be redirected from fixated interest.	

Assessment, Plan and number of hours

## Number of Hours for ABA Therapy\*



\*Anything over 20 hours requires additional documentation

## RECERTIFICATION

If progress is made toward goals or goal is complete and new goals are made and you are asking for more hours, please let the Agency know.

**Flag! If no progress made, ref to COE for an evaluation or to MD to rule out any medical issues.** If no change or decrease in trend line. must doc change. There are tx failures. Hidden agendas by family?

If you need more hours, say and show why.

How much progress must be made; when do we know we are making the best investment?

Trends moving in direction of goals

What is clinically meaningful?

Timely change in technique to respond to no progress

Family Compliance. Goals focused on parent/support, must doc acquisition of skills by family.

Observable difference between baseline

Progress to date

If no progress, why not

New goals

Goals accomplished

Timeframe 3-6 months?

Use pyramid for documenting hours.

If on meds, need communication with prescriber (& parent permission). Best practice.

## REPORT

### INITIAL ASSESSMENT & PLAN